

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401083274

Date Received:

07/25/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

445876

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP	Operator No: 47120	Phone Numbers
Address: P O BOX 173779		Phone: (720) 929-4306
City: DENVER	State: CO	Zip: 80217-3779
Contact Person: Erik Mickelson		Mobile: ()
		Email: erik.mickelson@anadarko.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401053751

Initial Report Date: 05/25/2016 Date of Discovery: 05/25/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 3 TWP 2N RNG 65W MERIDIAN 6

Latitude: 40.161837 Longitude: -104.641005

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No

☒ No Existing Facility or Location ID No.

☐ Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): Unknown

Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Oil, condensate, and produced water

Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: Partly cloudy, 65 degrees F

Surface Owner: FEE

Other(Specify):

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State ☒ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

During construction activities associated with a partially buried produced water sump which had been displaced by shallow groundwater, stained soils were encountered. When removed, the sump was intact and there were no signs of active leaking. During excavation activities to remove the stained soils, a hole was discovered in the buried liner. This made it possible for shallow groundwater to infiltrate fill material within the secondary containment. A groundwater sample was collected from the base of the excavation, and results from that sample received on May 25 indicated that impacts were present above the COGCC Table 910-1 allowable level for benzene. Remediation and assessment activities are ongoing and further information will be provided in a forthcoming Form 19 Supplemental report. A topographic facility location map is provided as Figure 1, and the laboratory report is attached.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/25/2016	Weld County	Roy Rudisill	-email	
5/25/2016	Weld County	Troy Swain	-email	
5/25/2016	Weld Country	Tom Parko	-email	
5/25/2016	landowner	landowner	-email	

REQUEST FOR CLOSURE

Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.

Basis for Closure: ☐ Corrective Actions Completed (documentation attached)

☒ Work proceeding under an approved Form 27

Form 27 Remediation Project No: _____

OPERATOR COMMENTS:

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Erik Mickelson

Title: Senior HSE Representative Date: 07/25/2016 Email: erik.mickelson@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401083289	OTHER
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)